NE Streamlining

Occupational Health Workstream

March 2018
Acknowledgements

The successful outcomes of the work of the North East’s workstream would not have happened had it not been for the dedication, contribution and positive attitude of the workstream members, all of which are listed below alongside their respective organisations. Well done and thank you to you all – you proved that clinical consistency was not only achievable but the benefits extended way beyond streamlining.

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<thead>
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<th>Role</th>
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</tbody>
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We also benefited from the support, direction and influence of our region’s Occupational Health Physicians along with Karen O’Brien, whose role is Executive Sponsor for the workstream.
Table of Contents

<table>
<thead>
<tr>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>2</td>
</tr>
<tr>
<td>Table of Contents and list of appendices</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>North East Programme Background</td>
<td>5</td>
</tr>
<tr>
<td>OH Workstream Challenges</td>
<td>6 - 7</td>
</tr>
<tr>
<td>Achievements</td>
<td>8 - 9</td>
</tr>
<tr>
<td>Remaining Challenges</td>
<td>10 - 11</td>
</tr>
<tr>
<td>Next Steps</td>
<td>12</td>
</tr>
<tr>
<td>Appendices</td>
<td>13</td>
</tr>
</tbody>
</table>

Appendices

- **Appendix 1**  NE OH Terms of Reference – July 2017
- **Appendix 2**  NE OH Workstream Mission Statement January 2017
- **Appendix 3**  NE OH Dashboard template
- **Appendix 4**  NE Regional Immunisation & Vaccination Template
- **Appendix 5**  NE Regional Health Questionnaire
- **Appendix 6**  NE Regional procedure to share Immunisation & Vaccination details
Introduction

Representatives of the North East Occupational Health Streamlining workstream first met together in the autumn of 2016. Prior to this time, whilst there was an element of professional familiarity, few of the Trust’s representatives had ever worked together before. In addition to this, they each had very different Occupational Health provisions; for example how many staff worked in their department or whether they had access to electronic clinical systems. As clinicians, few had managerial or project management experience so the initial meetings could be quite challenging! Since that time, we have developed a supportive positive culture that has enabled us to agree documentation and processes supported by our region’s physicians. Collectively we are able to articulate the concerns and why we have reservations about existing systems for example. The region was identified to support the national Occupational Health streamlining agenda on the basis of what we had achieved to date and the focus we had developed on improving our systems and practices in order for candidates (Occupational Health’s patients) to have a better recruitment experience.

In sharing our achievements, we do so as a case study specifically to support other regions who are beginning their Occupational Health streamlining adventure

Nationally, NHS Employers began (in 2017) coordinating the work of each of the regions’ approaches to streamlining, agreeing core national priorities and mandating elements of its agenda. This has included a national governance structure of both a steering group and operational group. Membership of these groups are growing alongside an increasing national interest in the benefits to both the workforce and the NHS efficiency agenda. NHS Improvement have funded elements of the national streamlining agenda & ESR have agreed processes specific to fast tracking functionality changes in recognition that technology is a key enabler to the success of the programme nationally. However, it is also recognised that nationally, some Occupational Health workstreams are not progressing at the same pace as in the North East. Therefore, alongside developing a commissioning paper specific to standards national documentation and processes for national clinical consistency purposes, it is the aim of showcasing the progress in the North East to understanding why progress is not being made elsewhere and identify realistic ways in which to address this.
North East Programme Background

The region opted for a formal infrastructure, where some of our region’s HR Directors volunteered as an Executive Sponsor to either a workstream or as part of the wider Programme Board. All Foundation Trusts agreed to participate and make a contribution towards the appointment of a Programme Manager on a fixed term basis to support each of the workstreams and the Programme Board.

The North East has a staff population of approximately 74,000 spread between 11 Foundation Trusts; 8 Acute, 2 Mental Health and 1 Ambulance Service. All 11 agreed to participate in each of the workstreams and sign a memorandum of understanding on behalf of their organisations agreeing to fully cooperate in terms of decisions made by the programme for wider regional adoption. Whilst the governance and communication arrangements took some time to agree, they have been a key factor in the success of the programme including the ability to effectively respond to internal resistance for example. HRDs in the North East considered the achievements of the programme up to December 2017 and in recognising the benefits of continuity, agreed to commit to and part-fund a further phase; April 2018 to March 2019. Since commencements our programme has also welcomed our Lead Employer Trust as well as another NHS provider in the region, North of England Commissioning Support Unit (NECS) who have each recognised the benefits of participating in the programme.

The following areas were considered to be outside of the scope of the NE Streamlining Programme:

Mandatory Use of Systems - although the programme will encourage maximising the use of the ESR system it will not mandate this unless agrees by all parties.

Funding and Resourcing of Systems – the project will not be expected to provide funding and resources for the implementation of new systems and interfaces. Costs for internal or 3rd party supplier services should be paid by individual organisations.

During the summer of 2016, the region assessed the business case for streamlining and scoped a work plan to achieve within the agreed timescale of the programme specific to each workstream (appendix 1). Having first met as a workstream in the autumn of 2016 we had by January 2017 formally agreed our workstream’s vision and four clear objectives (appendix 2). The workstream met monthly at a location in the centre of the region and reported progress, challenges or items for decision or escalation to the Programme Board on a monthly dashboard (appendix 3).
North East Programme Occupational Health Challenges

The formation of the workstream followed the ‘forming, storming, norming’ pattern as identified by the academic Bruce Tuckman in 1965. Some of the challenges identified (and detailed below) in the early stages are not unique to our region but did not prevent us from progressing to the ‘performing’ stage. Prior to streamlining there were few opportunities for regional professional networks so this was an entirely new way of working. Whilst there were objectives agreed for each workstream, in reality this was an enormous cultural change programme. The delicate process of getting this right for all parties was vital yet challenging with such a large work plan in a fairly short timeframe.

Private provider

One of our Trusts has a contract with a private sector provider. Initially, concerns were expressed by some parties about this with assurances sought that there would be no discussion about sensitive data which may be perceived as potentially placing the private provider at a competitive advantage. This difficulty included being able to share baseline data or discuss processes, for example.

Third Party Systems

Throughout the North East, those who have purchased software have opted exclusively for market leaders COHORT or eOPAS. Some providers do not have access to an electronic occupational health systems. However, for those who use COHORT, there is no standard – or comparable – version in use either throughout our region or nationally. This is because system upgrades are at a cost and most have chosen not to upgrade. Product familiarisation therefore is limited to the version being used. Departments also have the ability, and many have chosen to, adapt their COHORT packages for example, to their preference. This has resulted in the data stored at Trust level being held in different fields, with different names and effectively not easy to transfer between one organisation using COHORT and another.

National Challenges

The region began its streamlining journey later than other regions, yet found little opportunity to learn from the experiences of other regions. It was not clear if this was as a result of communication channels or if little progress has been made elsewhere. Whilst Wales had progressed with COHORT’s connectivity with ESR, it was not clear what, if any, other options other regions had explored.
Clinical Participation

Unlike Recruitment and Statutory & Mandatory Training streamlining workstreams, whose reporting line was to the Director or HR (or equivalent) who had formally signed up to the Streamlining programme in the region; the managerial responsibility for Occupational Health varied. Some Occupational Health departments reported to Medical Directors, others to their Director of Estates. In addition to this, we need to ensure that we effectively engaged with our region’s Occupational Health Physicians to ensure that any decision made included their participation and endorsement.

Skill Mix

Occupational Health colleagues reported some of the difficulties they experienced in implementing the streamlining specific to (medical) consent parameters. Occupational Health workstream leads are clinically strong but often with limited managerial experience. Whilst clear about their profession’s concerns they needed a managerial ‘voice’ to rebuff the expectations that they should deliver nationally despite their concerns.

Karen O’Brien (left) with Claire Hobson (second left) and members of the Occupational Health Team at Gateshead Health NHS Foundation Trust
Achievements

Objectives

Design, develop and implement a portable vaccination record

The first stage of this process was in addressing the variation in how vaccination details were recorded. This took some time before reaching a point in which all parties were satisfied and that their systems would be amended accordingly. A paper version, to mirror that used for electronic systems was available to those without one (appendix 4).

Occupational health colleagues advised that due to delays in evidencing immunisation and vaccination details, common practice had been to invite candidates to an appointment then perform a blood test to verify immunity. Costs and timescales varied but it was recognised as an inconvenience for the candidate, negatively impacting on their ‘welcome’ to a new organisation and job role.

In the absence of an effective interface between our third party systems and ESR the options available in which to share information in ESR was to either to follow a ‘mass upload’ with the support of our regional ESR colleagues. Alternatively, OH departments could manually enter individual information both into ESR as well as any other systems. This ‘dual entry’ method was not welcomed. We discussed phased methods, including for new starters or by staff groups. Department capacity was a significant factor as were the concerns specific to medical consent based on how the information would be retrieved from ESR.

Whilst not the desired ESR methodology, our region agreed to share vaccination records via secure nhs.net accounts. This method proved to be successful and welcome during a 4 week pilot process-testing period that it was adopted for use from that point forward for any relevant appointments within our region.

Over a 4 week period, it was calculated;

- For 60 individuals, health clearance time improved by an average of 4.5 days per candidate as a result of receiving vaccination details directly and not waiting on blood tests.
- Collective savings of 2 days nurse appointment and assessment time
- 6 hours of admin time
- Almost £2K of blood tests no longer required.
Design, develop and implement a standardised approach to pre-employment health questionnaires

We collected baseline data from the region which identified that there was variation in approaches; some using the 2-3 question technique, others opting for full health clearance. After much debate and recognising that we were collectively ‘risk adverse’ we agreed upon a regional minimum data set (appendix 5). For the two Trusts who required additional information specific to either height (for ambulance purposes) or BMI, the remained able to add this.

Each provider who utilised one of the third party system was required to upload the questionnaire into their system, one provider identified as cost for doing this. As the information was identical, we secured a regional price to upload the questionnaire; prior to streamlining each organisation would have paid a similar price.

Ensure records are fully transferrable between organisations

The region has explored the possibility of a regional electric solution with third party systems providers. However, the workstream recognise that unless or until such a solution is viable we will not be able to achieve this objective. The ambition remains however, and we have agreed to maintain exploring the possibility of achieving this objective as we continue into phase 2 of our streamlining journey.

Agree and adopt Regional KPI for new starter health clearance (this may need to be agreed in partnership with the Recruitment Workstream)

We agreed to develop and utilise standard operating procedures specific to both clinical and non-clinical appointments (appendix 6).

In terms of a regional ‘perfect process’, working within the systems and parameters available to us, we have agreed a two working day KPI to respond to regional requests for Immunisation and vaccination details.

We have developed a genuinely supportive network, including access to learning opportunities.
Remaining Challenges

Welcoming the decision of our HR Directors to extend the region’s streamlining commitment for a further year until March 2019, we are clear in our ambitions to address our remaining challenges but also extend the benefit of streamlining occupational health provision on both a regional and national basis.

In terms of the challenges we first identified, we were pleased that concerns relating to the third party provider’s involvement proved to be unfounded. They were, and have remained, a key member of the workstream freely providing information, support, advice and guidance to workstream colleagues as all other participants.

Managerial accountability of Occupational Health provisions were addressed as a result of each HR Director signing a regional Memorandum of Understanding on behalf of their organisation. To this end, the document diverted any Trust-based queries to their HR Director colleagues. In reality, the line management issue was of little challenge on the basis of how we ensured that our physicians were involvement with our programme; without their input we would not have achieved the agreed outcomes which we did. Physicians did not attend any streamlining meetings, but Trusts representatives were clear in their responsibility to ensure that they well informed and able to contributed to our final outcomes. Equally, when workstream members raised professional concerns, specific to clinical consent (as outlined below) our Programme Board has been entirely supportive of them and recognised how this will impact both regionally and nationally.

Part of the success of our region’s workstream is its membership; mostly clinical but with managerial colleagues comfortable with corporate applications to work. This dual-skill approach has allowed us to have the relevant impact or credibility to have all partners’ agreement. We also have the benefit of a supportive Board, who acknowledge the clinical concerns raised and how they can support us and address these concerns on a national basis.

National coordination is our next challenge, which we will approach with the same approach as we have in our region; listening to concern and exploring them to achieve credible satisfactory options for a workstream which nationally has not progressed at the same pace as our region. We look forward to the challenge!

Third Party Systems

Our region has yet to confirm whether it will progress with the option of a collective third party clinical system provider. Whilst the current regional information-sharing solution is feasible between small numbers of organisations; it is limited to the North East. Any decision would require clear financial and procedural impact evidence.
Clinical Consent

It had been the initial understanding that, like for recruitment colleagues who are required to manually clarify information in a factual reference, occupational health departments would receive notification that an IAT had been requested. When it was clear that this was not the case, not only was it realised that all records would need to be populated to make the vaccination record truly portable, but this raised what was for our region a ‘red line’ issue; medical consent. Colleagues shared their concerns that without correctly evidencing medical consent, they believed that both their organisation was vulnerable to litigation and they too were risking their licence to practice.

Whilst data protection legislation is due to be revised in May 2018 (GDPR) it is also acknowledged that any legal basis for sharing immunisation and vaccination information may differ to the recommendation of professional bodies.

Whilst we have been advised that other regions do not share this concern, it is on this basis that the North East formally identified that they would not meet the sixth principle of the Doctor’s in Training pilot for this or any other staff group until a satisfactory legal response, endorsed by credible parties was made available.

National Challenges

Whilst nationally, streamlining has been coordinated through both the Steering and Operational Groups, there has been limited engagement with Occupational Health colleagues. On this basis, it is not clear what regional achievements or obstacles are and if they reflect the national position.

Additionally, whilst in our region we agreed a health questionnaire, we are aware that other regions have opted for a 2-3 question template, as some of our organisations had been prior to streamlining. Clear national direction would be preferable to prevent further variation.
Next Steps

Regional

The North East Streamlining Programme Board is considering some suggested regional objectives for 2018/19 including;

- Agreeing regional responses to both clinical OH procedures and campaigns
- Influence creation of national OH standards
- Implementing agreed outcomes of Doctors in Training pilot for August 2018

National

The North East of England Streamlining Programme has been tasked with drafting a paper for a future commission specific to achieving national Occupational Health clinical consistency standard, specifically;

a. A set of fully endorsed national vaccinations and immunisation processes
b. A defined and endorsed minimum data set to enable OH clearance

The parameters of this work, including who is best placed to complete it is being explored on a national basis in order for it to be supported by the Faculty of Occupational Health. Each region will also be invited to a national workshop in April to introduce the purpose of the national work, how it will be created and how they can be involved.

Report prepared by Sarah Kilner, North East Streamlining Programme Manager
Validated by the NE Streamlining Programme Board April 2018
Appendices

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Appendix 3  NE OH Dashboard template

Appendix 4  NE Regional Immunisation & Vaccination Template
(Paper version for those without access to a clinical system)

Appendix 5  NE Regional Health Questionnaire

Appendix 6  Regional procedure to share Immunisation & Vaccination details